

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 154

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County GilaState ArizonaDistrict or Township San Carlosor Village Indian Village

City \_\_\_\_\_

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ellen Ewing

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.female

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

yes

7. Date

of birth 5. 12. 27.

Month Day Year

8.

## FATHER

Full name

Thomas Ewing

14.

## MOTHER

Full maiden name

Alice Dewey

9. Residence

(Usual place of abode)

San Carlos,

If non-resident, give place and state.

Ariz.

15. Residence

(Usual place of abode)

San Carlos,

If non-resident, give place and state.

Ariz.

10. Color or race

4/4 Indian11. Age at last birthday 24 (Years)

16. Color or race

4/4 Indian17. Age at last birthday 28 (Years)

12. Birthplace (city or place)

San Carlos,

(State or country)

Ariz.

18. Birthplace (city or state)

San Carlos,

(State or country)

Ariz.

13. Occupation

Nature of industry common laborer

19. Occupation

Nature of industry housewife

20. Number of children of this mother

(a) Born alive and now living 4(b) Born alive but now dead 0(c) Stillborn 0

(Taken as of time of birth of child herein certified and including this child).

21. Were precautions taken against opthalmia neonatorum.

no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 9. A. m. on the date above stated.

(Born alive or stillborn)

Signature \_\_\_\_\_

C. H. Sawyer M.D.

(Physician or midwife).

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

Address San Carlos, Ariz

Registrar \_\_\_\_\_

Filed \_\_\_\_\_

19 \_\_\_\_\_

C. H. Sawyer.

Registrar \_\_\_\_\_

557-512-148

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.